

SUSPECTED OPIUM POISONING; IMPROVEMENT AFTER ATROPIA; MULTIPLE CEREBRAL HÆMORRHAGES; DEATH.

CASE V. L. W., a middle-aged, single man, was admitted to hospital on the evening of the 19th of July in a completely comatose state, with the simple history that he was thought to have taken some preparation of opium two days previous, that day being Sunday; supposed to have lain in his room all this time unconscious.

Respiration jerky and slow, twelve to the minute; pulse very rapid; pupils "pin-hole," and non-responsive; slight reflex sensibility remaining in eyelids.

One thirtieth of a grain of sulphate of atropia given hypodermically, and then a tenth of a grain of apomorphia likewise. No emesis followed use of latter drug. In less than fifteen minutes, however, the atropia had manifested its presence in the circulation, for the pulse arose to 120, and the respirations to 16 per minute. Muscles responded vigorously to a strong electric current, and in a half an hour patient muttered a few words incoherently. He also moved about in bed, and seemed to experience some pain during the application of the electricity; pupils now quite widely dilated during stimulation of surface, but more or less contracted after the withdrawal of the battery. Wine of ipecac given at this period also failed to set up vomiting. Pulse now 142; respirations 14. Then followed a gradual diminution in the pulse-rate, and patient, upon being spoken to loudly, would swallow the brandy and milk offered to him, though with considerable difficulty. Acknowledged that he had taken laudanum, but as to how much he would not say. Respiration quite deep and noisy; external strabismus of both eyes; face somewhat congested; pupils moderately dilated; reflex sensibility present in both lower extremities; unconscious. At 10.50 P. M., pulse 104; respirations 12; pupils well contracted, apparently as though a fresh quantity of the hypnotic were acting in the system.

July 20th. Breathing that of natural sleep; considerable amount of opposition when eyelids were held open; strabismus still present.

July 21st. At five A. M. patient asked for some brandy, and also complained of feeling very cold. Pupils normal. Urine normal color, acid, 1020, and no albumen, numerous fine granular and hyaline, and occasionally epithelial casts. At 12.45 P. M., pulse 128; respirations 30; and temperature 101.8° F. At 7.15 P. M. pulse 160; respirations 56; and temperature 104.8° F. Cold tub bath now given [95° F. cooled down to 75°] and then followed a reduction of pulse-rate and temperature. Stimulants were freely given by enemata, and patient showed no signs of collapse. At 9.30 temperature had fallen to 101.9° F., and pulse to 132. During night, however, symptoms slowly increased in severity, and death took place at 5.45 A. M. on the 22d.

The following is an abstract of the report of the autopsy by Dr. Gannett:—

Autopsy six hours post mortem.

Calvaria and membranes of brain not remarkable; ependyma normal; white substance throughout thickly studded with dark-red nodules, varying in size from a pin's head to a split pea, and not to be washed away by water; in corpora striata a few similar nodules.

Heart normal.

Lungs. Pleural surfaces *left*, adherent laterally.

Lung partly contracted, lower lobe dense, and of a dark color. On section surface of lower lobe moist, and on pressure yields considerable aerated serum. Lower portion of upper lobe in area about size of hen's egg, where lung tissue is somewhat denser, and on pressure yields numerous points of pus. Bronchi contain considerable muco-purulent material; mucous membrane reddened and injected. Pleural surfaces *right* also adherent laterally. Lower lobe presented appearances similar to those described in connection with lower lobe of left lung. Lower portion of upper lobe, an area size of lemon, considerably denser than neighboring lung substance, and on pressure there appear on surface numerous large drops of thick pus.

Spleen slightly enlarged, and rather soft. On section showed slight increase of pulp.

Other organs not remarkable.

Diagnosis. Multiple hæmorrhages in the brain, chronic adhesive pleurisy, pneumonia from inhalation of foreign bodies, and purulent bronchitis.

CONGENITAL DISLOCATION OF PATELLAS.

BY JOHN SHAPLEIGH, M. D., ST. LOUIS.

AN interesting case of congenital dislocation of both patellas has recently come under my observation in the St. Louis City Hospital. The patient is a man of thirty-nine years of age, of good constitution, and was under treatment for intermittent fever. Both patellas are dislocated outward, resting on the upper and outer surface of the external condyle of the femur. The anterior surface of the latter bone is left uncovered by muscle or tendon as the quadriceps extensor passes on the outer side. Both patellas are movable and may be plainly felt in their abnormal position. They are about the normal size. The patient claims that the deformity is congenital, and states that his grandfather, father, and one of his children had the same dislocation. There was no impediment to walking, and patient served in the army during the war. He has since had the right leg broken in two places, and there is a little limp with that foot. This case is very similar to one reported by Dr. E. T. Caswell, of Providence, R. I., and quoted by Hamilton in his work on Fractures and Dislocations. (Page 767, ed. 1866.) In both cases the dislocation was outwards, and in both there is a certain kind of heredity.

EMPHYEMA IN A CHILD ONE YEAR AND A HALF OLD—ANTISEPTIC OPERATION.

BY JAMES B. AYER, M. D.

ALICE T., a bright child, seventeen and one half months of age, previously healthy, was attacked with pleurisy April 17, 1881, and on the 25th the left pleural cavity was found to be distended with fluid.

She frequently suffered from dyspnoea and could not rest upon the healthy side. There was immobility of the left side of the chest, which measured one half inch more than the right side. The heart was dislocated to the right of the median line of the sternum.

Until May 22d (twenty-eight days) I kept her upon as thorough treatment as was permissible without weakening her. Poultices, counter-irritants by iodine, strapping, laxatives, diuretics, and diaphoretics were employed without benefit.